



General Assembly

Amendment

February Session, 2006

LCO No. 4754

HB0537204754HDO

Offered by:

REP. O'CONNOR, 35th Dist.

SEN. GAFFEY, 13th Dist.

SEN. CRISCO, 17th Dist.

REP. OLSON, 46th Dist.

SEN. MURPHY, 16th Dist.

SEN. HARTLEY, 15th Dist.

REP. SAYERS, 60th Dist.

To: Subst. House Bill No. 5372

File No. 281

Cal. No. 192

"AN ACT CONCERNING ACCESS TO IMAGING SERVICES."

1 Strike lines 1 to 30, inclusive, in their entirety and substitute the
2 following in lieu thereof:

3 "Section 1. (NEW) (*Effective October 1, 2006*) (a) No health insurer,
4 health care center, hospital service corporation, medical service
5 corporation or fraternal benefit society that provides coverage under
6 an individual health insurance policy or contract for magnetic
7 resonance imaging or computed axial tomography may (1) require
8 total copayments in excess of three hundred seventy-five dollars for all
9 such in-network imaging services combined annually, or (2) require a
10 copayment in excess of seventy-five dollars for each in-network
11 magnetic resonance imaging or computed axial tomography, provided
12 the physician ordering the radiological services and the physician
13 rendering such services is not the same person or is not participating in
14 the same group practice.

15 (b) No health insurer, health care center, hospital service
16 corporation, medical service corporation or fraternal benefit society
17 that provides coverage under an individual health insurance policy or
18 contract for positron emission tomography may (1) require total
19 copayments in excess of four hundred dollars for all such in-network
20 imaging services combined annually, or (2) require a copayment in
21 excess of one hundred dollars for each in-network positron emission
22 tomography, provided the physician ordering the radiological service
23 and the physician rendering such service is not the same person or is
24 not participating in the same group practice.

25 (c) The provisions of subsections (a) and (b) of this section shall not
26 apply to a high deductible health plan as that term is used in
27 subsection (f) of section 38a-520 of the general statutes.

28 Sec. 2. (NEW) (*Effective October 1, 2006*) (a) No health insurer, health
29 care center, hospital service corporation, medical service corporation
30 or fraternal benefit society that provides coverage under a group
31 health insurance policy or contract for magnetic resonance imaging or
32 computed axial tomography may (1) require total copayments in
33 excess of three hundred seventy-five dollars for all such in-network
34 imaging services combined annually, or (2) require a copayment in
35 excess of seventy-five dollars for each in-network magnetic resonance
36 imaging or computed axial tomography, provided the physician
37 ordering the radiological services and the physician rendering such
38 services is not the same person or is not participating in the same
39 group practice.

40 (b) No health insurer, health care center, hospital service
41 corporation, medical service corporation or fraternal benefit society
42 that provides coverage under a group health insurance policy or
43 contract for positron emission tomography may (1) require total
44 copayments in excess of four hundred dollars for all such in-network
45 imaging services combined annually, or (2) require a copayment in
46 excess of one hundred dollars for each in-network positron emission
47 tomography, provided the physician ordering the radiological service

48 and the physician rendering such service is not the same person or is
49 not participating in the same group practice.

50 (c) The provisions of subsections (a) and (b) of this section shall not
51 apply to a high deductible health plan as that term is used in
52 subsection (f) of section 38a-520 of the general statutes."